

MAYFIELD HIGH SCHOOL
6116 Wilson Mills Road * Mayfield Village, Ohio 44143

FIELD TRIP PERMIT

Mayfield High School is trying to assist parents by notifying them of the off-campus activities and in-school field trips sponsored by the school. If you want your son/daughter to attend the event described below, please sign this permission slip and have your child return it to the sponsor of the event one week prior to the date of the field trip.

NAME OF EVENT Columbus Day Parade

LOCATION Little Italy – Murray Hill

DATE Monday, October 10, 2016

TRANSPORTATION School Bus

TIME 9:00 a.m. – 2:30 p.m.

COST PER PUPIL None

SPONSOR Mr. Treiber, Mr. Palermo, Dr. Bright, Mr. Fancher

I hereby give my permission to my son/daughter _____

to attend the field trip to _____

To authorize the provision of emergency treatment for children who become ill or injured while attending the field trip, please complete the following pertinent information and confirm with your signature.

Home Phone _____ Mother (Work) _____ Father (Work) _____
Mother (Cell) _____ Father (Cell) _____
Student (Cell) _____

Physician _____ Physician Phone _____

Hospitalization Insurance Company _____ Contract # _____

Special Instructions (e.g., bee sting allergy, medication allergy, etc.)

Parent Signature

STUDENTS ARE RESPONSIBLE FOR HAVING THE REVERSE SIDE OF THIS FORM SIGNED BY THE APPROPRIATE FACULTY MEMBER(S).